

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN

ORIGINAL

27

United States of America,

Plaintiff,

Criminal No. 16-20274

v.

Hon. Judith Levy

Mamoun Dabbagh,

Defendant.

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**MOTION AND BRIEF FOR ISSUANCE OF ARREST WARRANT**

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The United States hereby moves for an order issuing an arrest warrant for Mamoun Dabbagh, and states:

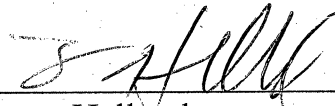
An information has been filed charging Mr. Dabbagh with violation of Title 18, United States Code, section 841. Rule 9(a), Fed. R. Cr. P., provides that the court shall issue a warrant to arrest a person charged in an information if a supporting affidavit demonstrates probable cause that the defendant committed a federal

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offense. The affidavit that accompanies this motion demonstrates probable cause with respect to Mr. Dabbagh.

Respectfully submitted,

Barbara L. McQuade  
United States Attorney



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P32192

Dated: April 27, 2016

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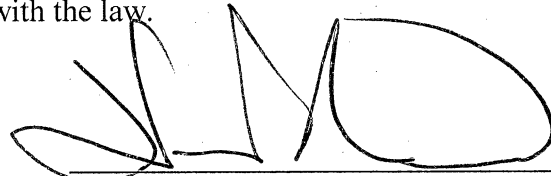
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**ORDER**

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Upon the facts alleged by the United States in its motion, and the Court being fully advised in the premises;

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Clerk of the Court issue a Warrant of Arrest to the United States Marshal and that the United States Marshal take into custody the said defendant in accordance with the law.

A handwritten signature in black ink, appearing to read 'D. Grand', is written over a horizontal line.

David R. Grand  
United States Magistrate Judge

Dated:

**APR 27 2016**

Warrant of Arrest Issued:

**AFFIDAVIT**

James M. Gilchrist, a Task Force Officer with the Drug Enforcement Administration (DEA), being duly sworn, states the following:

1. I am employed with the Clinton Township Police Department and assigned to the DEA Tactical Diversion Squad for the last year. I have been employed as a police officer for over 10 years, a State of Michigan Parole Officer for 10 years, and served 3 months in the Special Investigations Unit at the Clinton Township Police Department. I have been lead investigator or assisted in over 100 criminal investigations involving violations of the Controlled Substances Act.
2. I have been made aware of the following information from sources including, but not limited to, my personal observation and participation in this investigation and my review of analysis of oral and written reports generated by the DEA, the Roseville Police Department, the Shelby Twp Police Department, the Clinton Twp. Police Department, and the New Baltimore Police Department.
3. Title 21 CFR § 1308.13(e)(1)(iv) lists Vicodin (APAP Hydrocodone bitartrate) as a Schedule III controlled substance until October 6, 2014, when it will become a Schedule II controlled substance. The 2010 Physicians' Desk Reference, 64th edition, states that Vicodin is for the management of moderate to moderately severe pain, that the generic name for Vicodin is hydrocodone and acetaminophen, and that brand names of Vicodin include Lortab, Lorcet, and Norco.
4. Title 21 CFR § 1308.12(d)(1) lists (Adderall/Adderall XR) Amphetamine as a Schedule II controlled substance. The 2010 Physicians' Desk Reference cites certain warnings and precautions when prescribing Adderall. Amphetamines have been extensively abused and have extreme psychological dependence.

Adderall has the potential for being abused and is sought by abusers and people with addiction disorders.

5. Title 21 CFR § 1308.14(c)(1) lists Alprazolam(Xanax) as a Schedule IV controlled substance.
6. Based on my training and experience I am aware that Adderall/Adderall XR, Xanax, and Vicodin are highly abused and diverted controlled substances; that Adderall/Adderall XR has street value of approximately \$5 per tablet; that Xanax sells for approximately \$2-\$3 per tablet; and that hydrocodone sells for approximately \$5 per tablet. I am also aware that combinations of controlled substances, to include Adderall, Xanax and Vicodin, are currently at a high rate of abuse in the Southeastern Michigan area.
7. The Michigan Automated Prescription System (MAPS) is the prescription monitoring program for the State of Michigan. MAPS collects all prescription and dispensing information for Schedule II-V controlled substances prescribed or dispensed within the State of Michigan. MAPS is available to Michigan practitioners, so enables them to determine whether patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.
8. I know that medical doctors who have rendered opinions in physician cases involving large-scale prescribing of controlled substances for non-legitimate purposes have concluded that the following improprieties often occur in such situations:
  - (i) The doctor-patient relationship on initial visits was not established or the relationship on follow-up visits was not established or maintained;
  - (ii) The physician engages in "polypharmacy," or the prescribing of "drug cocktails" of controlled substances often including opioids, benzodiazepines

and other controlled substances, which greatly increases the chance for drug abuse, diversion, and addiction; Examples are in paragraphs 20 and 21 below.

(iii) Controlled substance prescriptions are often prescribed without evaluating and/or diagnosing medical conditions that would justify those prescriptions;

(iv) Controlled substance prescriptions are often continually given to persons who exhibited drug-seeking behavior;

(v) Controlled substance prescriptions are often prescribed without adequate informed consent and appropriate monitoring;

(vi) Abusive physicians often treat persons without an individualized plan of care and instead use essentially the same treatment on each person. From my review of MAPS data for Dr. DABBAGH it appears that the majority of his patients receive Adderall. Based on my experience and training and the experience of other DEA investigators with whom I consulted, it is highly unlikely that a legitimate physician's office would prescribe a specific controlled substance to such a high percentage of patients.

9. Until May, 2015, Mamoun DABBAGH, M.D., was registered with the DEA as to prescribe controlled substances in Schedules II through V.

10. According to the State of Michigan Department of Community Health, Dr. DABBAGH has been licensed as a medical doctor in Michigan since October 18, 1982.

11. Under 21 CFR §1306.04(a) Dr. DABBAGH is entitled to issue prescriptions for controlled substances provided they are issued for a legitimate medical purpose and he is acting in the normal course of his professional practice.

12. As is detailed below, my investigation showed that Dr. DABBAGH prescribed Vicodin (hydrocodone), Xanax, and Adderall to patients outside the normal course of professional practice and for no legitimate medical purpose.
13. In this affidavit I refer to patients of Dr. DABBAGH by partially identifying them in order to protect their medical information. I know the actual names of all of these patients.
14. Through a review of MAPS I identified J.B., who received multiple prescriptions for controlled substances from multiple doctors. J.B. received the following from Dr. DABBAGH between 1/1/13 and 12/31/13: 60 amphetamine salt; 330 hydrocodone bitartrate and acetamin; 360 alprazolam; 240 APAP/hydrocodone bitartrate; 210 phentermine hydrochloride.
15. Dr. DABBAGH'S MAPS reports indicate that a large number of his patients pay cash. In my training and experience a high percentage of patients paying cash suggests that the patients are receiving an illegitimate service, one that would not be covered by insurance.
16. MAPS shows that between January 2011 and January 2014 Dr. DABBAGH's office prescribed approximately 1,530,992 dosage units of Schedule II narcotics, 663,302 dosage units of Schedule III narcotics, and 1,994,459 dosage units of Schedule IV narcotics. Below are the totals for each year:

<u>YEAR</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>JAN-JUN 2014</u>
<b>Schedule II</b>	534,407	356,194	640,391	296,406
<b>Schedule III</b>	301,217	213,422	148,663	50,966
<b>Schedule IV</b>	688,247	487,020	819,192	455,404

17. I know that Dr. DABBAGH is a licensed psychiatrist. Based on my training and experience I know that psychiatric practices do not typically prescribe such large numbers of scheduled controlled substances other than certain Schedule

IV drugs to control anxiety. The majority of Dr. DABBAGH's Schedule IV prescriptions are for Xanax, and Xanax is a drug that is often prescribed by psychiatrists. However, MAPS shows that the majority of Dr. DABBAGH's Xanax prescriptions are a 2mg dose, which is the highest prescribed dose available. It is uncommon for a legitimate physician to prescribe such a high percentage of the highest dose of the controlled substance. In addition, these numbers show that Dr. DABBAGH's controlled substance prescribing practice changed significantly during this three year period. I know from consulting with experienced DEA diversion investigators that it is highly unusual for legitimate practitioners to significantly change their prescribing of controlled substances from year to year.

18. I reviewed a MAPS report for Dr. DABBAGH for the time period 1-1-2013 through 12-31-2013. During this period Dr. DABBAGH wrote in excess of 50,000 dosage units of opiate based pain medications. Based on my training and experience and the experience of other DEA diversion investigators, this is a much higher number of opiate prescriptions within a year than are typically written by doctors practicing psychiatry. Opiate painkillers are not normally prescribed by psychiatrists in significant volume.

19. The MAPS reporting system shows patients' addresses, and indicates that between 1-1-2013 and 1-31-2014 several of Dr. DABBAGH's patients lived at the same address and received the same medications. Based on my experience, the prescribing of the same controlled substances to people who reside together is indicative of diversion, because it is common for patient "runners" to solicit multiple parties at one address to obtain controlled substances from a compliant physician. MAPS showed that Dr. DABBAGH prescribed the same controlled substances to:



151 residences with 2 patients

26 residences with 3 patients

3 residences with 4 patients

2 residences with 5 patients

20. I am aware that Detroit DEA investigators have observed that current unlawful drug diversion in southeast Michigan frequently includes combinations of controlled substances that include hydrocodone (Vicodin, Norco), alprazolam (Xanax) and amphetamine salt (Adderall). I am aware also that addictionologists, pharmacists, toxicologists, and self-proclaimed drug addicted individuals all have stated that alprazolam increases the "high" of opiates, which causes the combination of alprazolam and opiates to be highly sought for illegitimate use.

21. MAPS shows that one residence included 3 patients – B.B., N.B., and B. B. – to whom Dr. DABBAGH prescribed 2490 dosage units of Schedule II narcotics, 720 dosage units of Schedule III narcotics, and 2,580 dosage units of Schedule IV narcotics between January 2013 and January 2014. The following shows what this residence received just in January 2014:

<u>Patient Name</u>	<u>Drug</u>	<u>Date written</u>	<u>Qty</u>
B.B.	amphetamine salt 30mg	01-22-14	90
B.B.	hydrocodone bitartrate/Ace	01-27-14	90
B.B.	amphetamine salt 30mg	01-02-14	90
B.B.	alprazolam 2mg	01-27-14	60
B.B.	alprazolam 2mg	01-02-14	60
B.B.	APAP/hydrocodone 10/325	01-03-14	90
N.B.	alprazolam 2mg	01-23-14	90
N.B.	amphetamine salt 30mg	01-23-14	60

22. Similarly, MAPS shows that J.P. and A.P. were two patients who shared another residence, to whom Dr. DABBAGH prescribed 2360 dosage units of Schedule II narcotics, 290 dosage units of Schedule III narcotics, and 1,830 dosage units of Schedule IV narcotics prescribed between January 2013 and January 2014. The following is what they received just in January 2013:

<u>Patient Name</u>	<u>Drug</u>	<u>Date written</u>	<u>Qty</u>
J.P.	oxycodone hydro 30mg	01-16-13	100
J.P.	amphetamine salt 30mg	01-16-13	90
J.P.	alprazolam 2mg	01-16-13	90
A.P.	amphetamine salt 30mg	01-16-13	90
A.P.	alprazolam 2mg	01-16-13	90
A.P.	oxycodone hydro 30mg	01-16-13	100

23. MAPS indicates that a large number of Dr. DABBAGH's patients live in excess of 25 miles from his office. In my training and experience I have found that drug abusers often travel long distances to find a doctor who will write prescriptions for controlled substances, bypassing numerous other doctors who will not as freely write prescriptions for controlled substances. Below are examples of a few of the many patients who travel more than 25 miles from home to see Dr. DABBAGH:

A.B.	Chelsea, MI	65 miles
A.H.	Marine City, MI	42 miles
A.K.	Lapeer, MI	47 miles
D.K.	Lapeer, MI	47 miles
J.O.	Marine City, MI	43 miles

24. Doctors and pharmacies have the ability to run a MAPS reports on their patients to make sure the patients are not obtaining controlled substance prescriptions from other doctors. The receipt of controlled substances within the same month from multiple doctors is a strong indication that the patient is a substance abuser. Based on my experience I understand that a legitimate medical practitioner reviews MAPS before prescribing controlled substances, and will not ordinarily prescribe controlled substances to a patient who is concurrently receiving those substances from another source.

25. MAPS shows that Dr. DABBAGH's office ran 9 MAPS reports on A.S. on 10/25/13, 11/7/2013 (twice), 11/22/13, 1/2/14, 1/17/14, 2/17/14, 2/28/14, and 6/16/14. Those reports informed Dr. DABBAGH that A.S. was being prescribed narcotics from 6 different physicians at the same time Dr. DABBAGH was prescribing narcotics to him. In January, 2014, a month when Dr. DABBAGH twice ran a MAPS report for A.S., A.S. obtained 630 dosage units of opiates, 450 dosage units of Xanax, 330 dosage units of Adderall and 180 dosage units of phentermine based on prescriptions written by Dr. DABBAGH and 3 other physicians during that month. Nonetheless, Dr. DABBAGH continued to prescribe controlled substances to A.S.

26. By way of example only, MAPS also disclosed at least four other patients — B.B., R.S., K.M., and W.H. — who were obtaining controlled substance prescriptions simultaneously from Dr. DABBAGH and other doctors. Both B.B. and R.S. appear to still be patients at Dr. DABBAGH's office, having recently filled prescriptions from him. Dr. DABBAGH's office ran MAPS on both individuals three times each, which would have revealed to Dr. DABBAGH that each was obtaining controlled substances from multiple physicians, but Dr. DABBAGH nonetheless prescribed controlled substances for them. K.M.

received prescriptions for APAP/hydrocodone bitartrate and acetamin 325 mg – 10mg on or near same dates from Dr. DABBAGH and two other doctors. W.H. received prescriptions for APAP/hydrocodone bitartrate 325 mg-10 mg, and amphetamine salt combo 20mg, on or near the same dates from Dr. DABBAGH and two other doctors.

27. MAPS shows that at least one of Dr. DABBAGH's patients received prescriptions for both narcotic pain medications and medications to treat addiction to narcotics. That is, F.G. of Roseville received prescriptions for APAP/hydrocodone bitartrate 325mg-10mg, oxycontin 40mg and Suboxone 8mg-2mg within 30 days of each other. Suboxone is a medication specifically prescribed for the treatment of addiction to opiates. Based on my experience I understand that a doctor practicing legitimate medicine would not prescribe both an opiate pain killer such as OxyContin and Suboxone (to treat opiate addiction) to the same patient in such a short time period.
28. I checked thirty names of Dr. DABBAGH's patients randomly selected from MAPS. Eighteen had a criminal history with drug related convictions in addition to other convictions for crimes related to assaults, property crimes, and traffic offenses. The other 12 patients had no criminal history.

#### **INTERVIEW WITH Confidential Source**

29. On March 6, 2014, I interviewed CS-1. The information provided by CS-1 has been corroborated through interviews, review of MAPS and physical surveillance of Dr. DABBAGH. CS-1 stated that he/she is personally associated with Dr. DABBAGH and has seen first-hand the diversion of controlled substances through fraudulent prescriptions. CS-1 stated that he/she has purchased controlled substance prescriptions from Dr. DABBAGH for \$75 for each prescription without having a medical need for the prescriptions. CS-1

stated that Dr. DABBAGH never conducted any type of medical examination or tests prior to prescribing the controlled substances.

30. CS-1 identified three patients who were illegally prescribed controlled substances by Dr. DABBAGH. CS-1 stated that these patients told him that they were simply getting prescription pills for resale and not for the purpose of treating any medical conditions. CS-1 further stated that Dr. DABBAGH had acknowledged, during in-person meetings both inside and outside Dr. DABBAGH's office, that he was aware of this diversion of the controlled substances that he was prescribing. This information was corroborated as to these patients by a source of information I will call SOI-2. SOI-2 stated that he/she knew that CS-1 was correct, both because he/she is one of these three patients and through his/her personal association with the other two patients.

- a. CS-1 told me that he/she knows from patient A.S. that Dr. DABBAGH prescribed to A.S. 330 Vicodin; 1350 alprazolam; 240 diazepam; 1110 amphetamine salts; 630 phentermine hcl; and 150 dextroamph SACC/amph/ASP/dextroam S, all without any medical exam and for no medical purpose, between 1/1/13 and 12/31/13.
- b. CS-1 told me that he/she knows from patient M.C. that Dr. DABBAGH prescribed to M.C. 300 amphetamine salt; 180 dextroamph SACC/amph/ASP; and 420 alprazolam, all without any medical exam and for no medical purpose, between 1/1/13 and 12/31/13.
- c. CS-1 told me that he/she knows from patient M.E. that Dr. DABBAGH prescribed M.E. 270 amphetamine salt; 270 hydrocodone bitartrate and acetamin; 150 alprazolam; and 180 APAP/hydrocodone

bitartrate, all without any medical exam and for no medical purpose between 1/1/13 and 12/31/13.

31. CS-1 stated that at the request of Dr. DABBAGH he/she began bringing other patients to see Dr. DABBAGH to obtain controlled substance prescriptions despite no medical need for the prescriptions. CS-1 stated that Dr. DABBAGH would charge each new patient \$150 cash for the initial visit, \$75 cash for any subsequent visits, and \$75 cash for each prescription he wrote. CS-1 stated that Dr. DABBAGH stopped charging him/her money for prescriptions due to the volume of new patients that CS-1 brought to Dr. DABBAGH.
32. CS-1 stated that he/she met Dr. DABBAGH at a variety of places outside of Dr. DABBAGH's physical office location where Dr. DABBAGH wrote him/her prescriptions for controlled substances for whatever CS requested. CS-1 stated that he/she and Dr. DABBAGH frequented adult entertainment clubs together where he/she observed Dr. DABBAGH write prescriptions for controlled substances to female employees in exchange for sexual favors. CS-1 stated that Dr. DABBAGH would bring his prescription pad contained in a fanny pack into the adult entertainment clubs.
33. CS-1 stated that he/she has personally observed several patients come to Dr. DABBAGH's residence, which CS-1 identified as a condominium located at 5000 Town Center, Southfield, and obtain controlled substance prescriptions directly from Dr. DABBAGH. CS-1 stated that he/she has personally seen Dr. DABBAGH leave controlled substance prescriptions for patients at the front desk of his condominium or with the valet parking attendants.
34. CS-1 stated he/she has been present when patients have contacted Dr. DABBAGH via cell phone, either through calls or text messages, to request prescriptions for controlled substances.



35. CS-1 stated he/she has personal knowledge through observations at Dr.

DABBAGH's office that Dr. DABBAGH has provided physician assistants with pre-signed prescriptions which they provide to patients who come in for refills, without any physical examination. CS-1 stated that Dr. DABBAGH never conducted any type of medical examination/tests on any of the new patients that CS-1 brought to Dr. DABBAGH. CS-1 stated that Dr. DABBAGH utilized numerous patient rooms in his office and that none of the rooms contained any type of medical equipment for examination of the patients. Rather, the rooms mainly consist of a wooden table and 2 chairs.

36. CS-1 stated that he/she obtained prescriptions for controlled substances from Dr. DABBAGH solely for the purpose of resale on the street for profit. CS-1 stated that Dr. DABBAGH was aware that he/she was selling the prescriptions for profit as they discussed this on several different occasions. CS-1 stated that the majority of the new patients he/she took to Dr. DABBAGH were obtaining controlled substance prescriptions for resale on the street for profit.

#### **INTERVIEW WITH SOURCE OF INFORMATION**

37. On 4-9-2014 I interviewed a Source of Information (SOI-1). SOI-1 stated that he/she has been acquainted with Dr. DABBAGH for about 10 to 15 years.

38. SOI-1 stated that he/she was informed by numerous residents of 5000 Town Center that Dr. DABBAGH has left pre-filled controlled substance prescriptions with the concierge and valet staff at the front desk of the condo. SOI-1 stated that several people – usually young females – came to the front desk of the condo and picked these prescriptions up. SOI-1 stated that several residents reported that Dr. DABBAGH has met people in the lobby or conference room of the condo and written controlled substance prescriptions to them, and that these people were also mainly young females. SOI-1 stated that

on an unknown date in 2013 a female was involved in a confrontation with the concierge and valet staff over their not being able to find a prescription that she believed had been left for her at the front desk by Dr. DABBAGH. SOI-1 stated that on an unknown date in 2013 a boyfriend of one of the young females arrived at 5000 Town Center and yelled at Dr. DABBAGH for giving his girlfriend too much medication. SOI-1 stated that after this incident Dr. DABBAGH quit leaving prescriptions at the front desk.

### **INTERVIEW WITH SOURCE OF INFORMATION**

39. On 4-15-2014 I interviewed another source of information (SOI-2). SOI-2 stated that he/she has been acquainted with Dr. DABBAGH for approximately 2 years. SOI-2 stated that he/she was introduced to Dr. DABBAGH by another patient of Dr. DABBAGH, who told SOI-2 that Dr. DABBAGH would write him/her prescriptions for Xanax, Adderall and Vicodin.
40. SOI-2 stated that when he/she saw Dr. DABBAGH for the first time he/she told Dr. DABBAGH that he/she needed medications to stay awake to study and for stress. SOI-2 stated that without any type of medical examination or tests, Dr. DABBAGH gave him/her prescriptions for Adderall, Xanax, and Vicodin. SOI-2 stated that he/she paid \$175 cash for the initial visit, but SOI-2 had insurance so he/she was not charged for any subsequent visits and Dr. DABBAGH's office just billed his/her insurance.
41. SOI-2 stated that on occasion he/she would give Dr. DABBAGH marijuana during office visits. SOI-2 stated that he/she never observed any type of medical equipment in any of Dr. DABBAGH's patient rooms. SOI-2 also said that he/she observed several patients coming in and out of Dr. DABBAGH's during very short time periods. SOI-2 stated that on other occasions he/she went to Dr. DABBAGH's office but never saw Dr. DABBAGH. SOI-2 stated that on these



occasions other employees at Dr. DABBAGH's office already had pre-signed and stamped controlled substance prescriptions signed by Dr. DABBAGH, which the employees would complete for whatever controlled substance SOI-2 requested.

42.SOI-2 stated that after becoming acquainted with Dr. DABBAGH he/she saw Dr. DABBAGH at numerous adult entertainment establishments throughout the Detroit area. SOI-2 stated that Dr. DABBAGH was well known among the female employees of these establishments and he had the reputation of being the "Stripper Doc." SOI-2 stated that he/she personally saw Dr. DABBAGH write out controlled substance prescriptions to female employees at these establishments. SOI-2 stated that he/she had heard that the female employees would trade sexual favors for these prescriptions.

43.SOI-2 identified several additional purported patients of Dr. DABBAGH who either do not exist or who exist and illegally obtained prescriptions for controlled substances.

#### **INTERVIEW WITH NEW BALTIMORE CONFIDENTIAL SOURCE**

44.On 4-19-2014 I interviewed New Baltimore CS#14-001 (CS-2). CS-2 stated that he/she has had a pill addiction for approximately 4 years. On this date CS-2 had been arrested for possession of OxyContin, Vicodin, and Adderall pills. CS-2 stated that he/she was selling Adderall and Subutex that he/she obtained from Dr. DABBAGH. CS-2 stated that he/she used the money from selling these pills to buy OxyContin and Vicodin for personal use.

45.CS-2 stated that he/she went to Dr. DABBAGH because a friend told CS-2 that Dr. DABBAGH wrote prescriptions for pills that CS-2 could sell. CS-2 stated that he/she first saw Dr. DABBAGH in January of 2014, at which time he/she advised Dr. DABBAGH that he/she was currently abusing OxyContin and

Vicodin, after which Dr. DABBAGH prescribed him/her Subutex. CS-2 stated that at no time did Dr. DABBAGH perform any type of medical examination, evaluations or tests. CS-2 stated that the patient room where he/she met Dr. DABBAGH only consisted of an office table and chairs. CS-2 stated that the patient room did not contain any type of normal medical equipment for a doctor's office, such as stethoscopes, blood pressure cuffs, tongue depressors, etc. CS-2 stated that he/she paid \$75 cash for the office visit.

46. CS-2 stated that he/she returned to Dr. DABBAGH's office in March, 2014, and asked a female who works in the office for Adderall. CS-2 stated that the female told him/her she would have to check with Dr. DABBAGH and left the room. CS-2 stated that shortly after this the female returned and wrote a prescription for Adderall and Subutex on a prescription form that was already signed by Dr. DABBAGH. CS-2 added that he/she had been at a party in Macomb County, not long before my interview, at which several friends stated that Dr. DABBAGH was the doctor to go to for Adderall prescriptions.
47. CS-2 identified several additional purported patients of Dr. DABBAGH who either do not exist or who exist and illegally obtained prescriptions for controlled substances.

#### **UNDERCOVER ACTIVITY**

48. On April 30, 2014, CS-2, acting in an undercover capacity, met with Dr. DABBAGH at his office. CS-2 stated that upon entering Dr. DABBAGH's office he/she observed that the lobby was full and most of the patients were female. CS-2 stated that office employees came into the lobby and called two to three people at a time to go into the exam rooms, and that he/she was called back into the exam rooms at the same time as two other patients. CS-2 stated that he/she was placed into an exam room that consisted of a wooden desk and a

chair on both sides of the desk. CS-2 stated there was no medical equipment in this room. CS-2 stated that Dr. DABBAGH came into the exam room with his/her file and a very large stack of prescriptions. CS-2 stated that Dr. DABBAGH only asked whether CS-2 was just there for prescriptions, to which CS-2 responded "yes." CS-2 stated that he/she also informed Dr. DABBAGH that he/she was having trouble sleeping and had back pain. CS-2 stated that Dr. DABBAGH then wrote out several prescriptions, placed them in the file and said they were all done. CS-2 said Dr. DABBAGH then gave the file to a white female at the desk, and CS-2 went back into the lobby. CS-2 stated when he/she went back into the lobby he/she observed that numerous new patients had arrived. CS-2 stated that the white female at the counter told CS-2 that the charge was \$75 cash. CS-2 stated that he/she paid and was then given 3 prescriptions, 2 of which were for controlled substances Adderall and Subutex.

49. On June 4, 2014, CS-2, acting in an undercover capacity, again met with Dr. DABBAGH at his office. CS-2 stated that upon entering the lobby he/she observed that the lobby was very full of patients. CS-2 stated that he/she was called back into a patient room that was different from CS-2's previous visit. CS-2 stated that the patient room only contained a table and 2 chairs. CS-2 stated when Dr. DABBAGH came in he again had the very large prescription pad with him. CS-2 stated that Dr. DABBAGH did not conduct any type of physical examination or evaluation. CS-2 stated that he/she asked Dr. DABBAGH for Norcos. Dr. DABBAGH stated that he does not issue Norcos to anyone. CS-2 stated that Dr. DABBAGH then wrote him/her prescriptions for Naproxen, Ultram and Adderall without asking CS-2 about what he/she needed or engaging in any other conversation with CS-2. CS-2 stated that he/she paid

\$75 for the visit and left the office. CS-2 stated that when he/she left, the lobby was full of different patients from when he/she had arrived.

#### **INTERVIEW WITH JAMES WHITE**

50. On 8-19-2014 I interviewed James White. Mr. White stated that he worked as a physician's assistant for Dr. DABBAGH in early 2013 for approximately 3 to 4 months. Mr. White stated that during this time he observed that numerous patients came from long distances to obtain prescriptions for controlled substances from Dr. DABBAGH's office.

51. Mr. White stated that he saw patients for Dr. DABBAGH, and that Dr. DABBAGH provided him with pre-signed blank prescriptions to fill out for the patients. Mr. White stated he filled in the prescriptions for narcotic controlled substances at the request of the patients. Mr. White stated he was concerned that so many controlled substance prescriptions were being written to psychiatric patients. Mr. White stated he also wrote controlled substance prescriptions to these patients under his own DEA number. A review of MAPS data pertaining to James White verifies this information.

52. Mr. White stated that a significant number of the psychiatric patients complained of pain as a result of car accidents. Mr. White stated that a majority of the patients of Dr. DABBAGH were female, and that there were a lot of dancers and strippers coming into Dr. DABBAGH's office. Mr. White stated that he had heard around Dr. DABBAGH's office that Dr. DABBAGH took his prescription pad in a satchel/fanny pack to strip clubs and provided the strippers with prescriptions, and that Dr. DABBAGH provided prescriptions to female patients in exchange for sexual favors.

53. Mr. White stated that he personally observed Dr. DABBAGH leave pre-signed prescriptions and a rubber stamp with the staff at the front desk, and the staff

then filled out the prescriptions for patients who came in for medications. Mr. White stated that he observed the female staff at the front desk actually write prescriptions for controlled substances on the pre-signed prescriptions left there by Dr. DABBAGH, and that they provided the prescriptions to the patients without the patients physically seeing Dr. DABBAGH.

54. Mr. White stated that he was aware that Dr. DABBAGH changed his practice to almost a cash-only business; Mr. White was unsure of any insurance billings. Mr. White stated that he personally observed that patients paid approximately \$80 to \$100 cash for the initial office visits and \$60 for follow up visits. Mr. White stated that he knows patients were also charged cash for prescriptions but he was unsure how much.

#### **SURVEILLANCE OBSERVATIONS**

55. I am aware that during surveillance of Dr. DABBAGH's office the following pertinent observations were made by DEA personnel: (a) patients congregated outside the front doors of the office, waiting for the open of business; (b) an overflow of patients congregated outside the office and its adjacent parking lots; (c) the parking lots were full of both patients and/or vehicles being driven by the patients; (d) patients were dropped off at the offices and later picked up; (e) the vehicular traffic in and out of parking lots were always ongoing; (f) several vehicles showed up with one to three passengers, with all of them going inside the office and leaving a while later with prescriptions, receipts, and paperwork in hand; (j) patients were seen leaving the office and meeting up with other patients, or people waiting in the parking lot, and then going their own way.
56. I am aware based on my experience that the offices of physicians operating "prescription mills" have the types of activities just described.

57. On October 20, 2014, DEA investigators executed warrants to search Dr. DABBAGH's office and home. In the material from those searches the investigators recovered photographs, which are sexual in nature, of females who I have identified as having received controlled substance prescriptions from Dr. DABBAGH.

58. Since the execution of the search warrants I have learned of the following patients:

- a. D.D., who overdosed on prescription drugs and died in 2010 at the age of 40 while a patient of Dr. DABBAGH. MAPS shows that Dixon was receiving controlled substances from Dr. DABBAGH at that time. 36 Def
- b. A.L., who overdosed and died in 2014 at the age of 36. A.L. ~~being~~ had high levels of Xanax in her blood, which substance had been prescribed for her by Dr. DABBAGH.
- c. K.T., who has overdosed several times recently while taking Xanax and Adderall prescribed by Dr. DABBAGH.

59. Through review of MAPS I identified M.S., G.G., C.S., C.C., and K.M. as persons for whom Dr. DABBAGH prescribed abused controlled substances. I interviewed each of these persons. Each stated that he/she had received prescription controlled substances from Dr. DABBAGH without a medical need for such substances, and is still receiving prescription controlled substances from Dr. DABBAGH.

60. MAPS data showed that A.S. received one and only one prescription for a controlled substance in the past 3 years from Dr. DABBAGH. That prescription was issued on New Year's Eve, 2014. In my training and experience it is



suspicious that A.S. received a controlled substance prescription only on this date. The controlled substance was promethazine with codeine cough syrup, which is a highly sought after, abused, and diverted controlled substance. Based on my training and experience this is not normally a controlled substance that is prescribed by a psychiatrist such as Dr. DABBAGH. My review of MAPS also showed that Dr. DABBAGH prescribed controlled substances to only two people on New Year's Eve. My review of Dr. DABBAGH's prescribing pattern shows that he typically writes a large number of controlled substance prescriptions on most days that he writes any such prescriptions. The fact that Dr. DABBAGH wrote only two prescriptions for controlled substances on New Year's Eve suggests to me that he was doing so outside of his office, and outside the legitimate practice of medicine.

61. On April 2, 2015, I interviewed N.K. N.K. identified himself/herself as a former patient of Dr. DABBAGH. N.K. stated that she/he was addicted to prescription pills in late 2011. She/he became a patient of Dr. DABBAGH after his/her cousin informed him/her that Dr. DABBAGH would write him/her whatever prescriptions she requested.

62. N.K. stated that the first time she/he saw Dr. DABBAGH as a patient, he/she requested, and he prescribed, the controlled substances Ambien, Xanax, Altram, and phentermine. N.K. stated that Dr. DABBAGH performed no tests or conducted any kind of physical or mental exam before issuing these prescriptions.

63. N.K. stated that after this first visit he/she obtained controlled substance prescriptions from Dr. DABBAGH on a regular basis. She/he told Dr. DABBAGH that he/she wanted Vicodin rather than Altram. Dr. DABBAGH then began to prescribe him/her Vicodin, again without doing any kind of a

medical exam. N.K. continued to receive his/her cocktail of controlled substances from Dr. DABBAGH until she/he was arrested in about August, 2013.


64.I reviewed a MAPS report for N.K. The report confirmed that Dr. DABBAGH prescribed Schedule II amphetamine salts to N.K. in 2012 and 2013. In particular, MAPS showed that Dr. DABBAGH prescribed 60 30mg amphetamine salts to N.K. on February 4, 2013, as is alleged in the information that is attached to this affidavit.

65.Dr. Saul Forman, M.D., offers his services as an expert concerning the practice of psychiatry. I asked Dr. Forman to review patient charts for more than 60 patients to whom Dr. DABBAGH prescribed controlled substances, which charts were chosen at random from among the charts that were seized during the search of Dr. DABBAGH's office. Dr. Forman determined that in each case, the chart failed to include any legitimate medical justification for Dr. DABBAGH's prescribing the controlled substances in question.

Based on the above I believe there is probable cause that Mamoun DABBAGH, M.D., prescribed controlled substances to N.K. outside the course of accepted professional practice, as alleged in the attached information, in violation of 21 U.S.C. Section 841(a)(1).

  
JAMES M. GILCHRIST  
DEA Task Force Officer

Sworn and subscribed before me  
On this 27th day of April, 2016

  
HON. DAVID R. GRAND  
United States Magistrate Judge



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

D-1 Dr. MAMOUN DABBAGH,

Defendant.

Case: 5:16-cr-20274  
Judge: Levy, Judith E.  
MJ: Whalen, R. Steven  
Filed: 04-18-2016 At 03:26 PM  
INFO USA v DABBAGH (dat)

Offense: 21 U.S.C. §841(a)(1)

INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

1. At all times that are relevant to this information, defendant MAMOUN DABBAGH was licensed to practice psychiatry in the State of Michigan.
2. As of about April, 2011, and continuing until October 23, 2014, Dr. DABBAGH wrote prescriptions, sometimes at the request of others, for Schedule II and Schedule IV controlled substances, primarily amphetamine salts such as Adderall, and alprazolam such as Xanax.

3. Dr. DABBAGH wrote a substantial percentage of those prescriptions even though there was no legitimate medical reason to do so, and even though the prescriptions were outside the course of accepted medical practice in the United States, and did so knowingly, intentionally, and without good faith.
4. As a part of this unlawful distribution, Dr. DABBAGH wrote the following prescriptions for amphetamine salts: to AS, and members of AS's family, for 3010 30 mg pills and 1200 20 mg pills; to NK for 60 30 mg pills, 120 20 mg pills, and 60 10 mg pills; to JR for 90 30 mg pills and 180 20 mg pills; to GG for 240 20 mg pills and 90 30 mg pills; to RE for 450 30 mg pills and 90 20 mg pills; and to JC for 60 10 mg pills.
5. As a further part of this unlawful distribution, between April, 2011, and October 23, 2014, Dr. DABBAGH wrote prescriptions for at least 445,000 alprazolam pills.

**COUNT ONE:**

**Unlawful Distribution of Controlled Substances  
(21 U.S.C. §§841(a)(1))**

1. The general allegations are part of this count.
2. On about February 4, 2013, in the Eastern District of Michigan, Southern Division, defendant MAMOUN DABBAGH knowingly, intentionally, and

without good faith distributed the Schedule II controlled substance amphetamine salts, by prescribing 60 30 mg pills to NK, knowing that the prescription was outside the course of medical practice that is accepted in the United States, and was for no legitimate medical purpose.

All in violation of Title 21, United States Code, section 841(a)(1).

Respectfully submitted,

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